

Field Treatment

1. Basic airway/spinal immobilization prn
2. Oxygen
3. Advanced airway prn

Note: ①

4. Cardiac monitor/document rhythm (attach ECG strip if dysrhythmia identified)
5. Blood glucose test
6. Venous access prn
7. If active seizure, **midazolam 2-5mg** slow IVP titrated to control seizure activity. If unable to obtain venous access, may administer 5mg intranasal (IN) or intramuscular (IM).
 - ② ①

☞ May repeat intranasal (IN) or intramuscular (IM) dose one time in 5 minutes to a maximum dose of 10mg.

☞ May repeat IV dose every 3-5 minutes prn to a maximum dose of 10mg.
8. If blood glucose <60mg/dl or <80mg/dl (if known diabetic) administer **dextrose 50% 50ml** slow IVP. If patient is awake and alert, consider an oral glucose preparation.
 - ② ③

☞ May repeat one time.
9. If blood glucose <80mg/dl and unable to establish venous access, **glucagon 1mg IM**.
10. If altered LOC or strong suspicion of narcotic overdose, treat by OVERDOSE/POISONING guideline **M9**

Drug Considerations

Midazolam

- ① Maximum adult dose: 10mg IVP/IM/IN

Dextrose:

- ② Caution in administering to alert patients with acute focal neuro deficits.

Special Considerations

- ① If eclampsia is suspected, DO NOT delay transport for treatment.
- ② Active seizure may include tonic and/or clonic activity or focal seizure with an altered level of conscious.
- ③ If unable to establish venous access and hypoglycemic, consider **glucagon 1mg IM**. May repeat every 20 minutes two times.